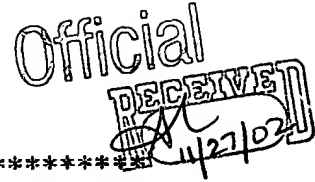


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TO: Commissioner of Patents
FAX NO.: 703-746-7238
FROM: Eamon J. Wall
DATE: 11/27/02
MATTER: Serial No. 09/359,562 Filed: 7/22/99
DOCKET NO.: DIVA/006CIP1
APPLICANT: GORDON ET AL.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

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☐ Disclosure Statement & PTO-1449
☐ Priority Document
☐ Drawings (sheets) informal
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☒ Transmittal Letter (2 copies)
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TRANSMITTAL WITH EXTENSION REQUEST (to be used for all correspondence after initial filing)	Application Number	09/359,562	
	Filing Date	7/22/99	
	First Named Inventor	Gordon	
	Group Art Unit	2173	
	Examiner Name	Sax, S.P.	
Total Number of Pages in This Submission	18	Attorney Docket Number	DIVA/006CIP1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is authorized to charge the \$200 fee for response within the second month and any other fees due including but not limited to any extension fee pursuant to 1.136(a) to Deposit Account No. 50-1316. A duplicate copy of this transmittal is attached.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414
Signature	<i>E J Wall</i>
Date	11/27/02